## CLAIMS ONLY

SERIAL NO. 999 745-97 APPLICANT(S) FILING DATE

CLAIMS

|                 | AS F     | ILED   | AFTER 1st AMENDMENT |          | AFTER 2nd AMENDMENT |         |
|-----------------|----------|--|---------------------|----------|---------------------|---------|
|                 | IND.     | DEP.   | IND.                | DEP.     | IND.                | DEP.    |
| 1               |          |  |                     |          |                     |         |
| 2               | •        | 1  | _                   |          |                     |         |
| 3               |          |  |                     |          |                     |         |
| 4               |          | T  |                     |          |                     |         |
| 5               |          | 1  |                     |          |                     |         |
| 6               | -        | 1  |                     |          |                     |         |
| 7               |          | ١ -  |                     |          |                     |         |
| 8               |          | ١  |                     |          |                     |         |
| 9               |          | 1  |                     |          |                     |         |
| 10              |          | 1  |                     |          |                     |         |
| 11              |          | 7  |                     |          |                     |         |
| 12              |          | 1  |                     |          |                     |         |
| 13              |          | 1  |                     |          |                     |         |
| 14              |          | 1  |                     |          |                     |         |
| 15              |          | 1  |                     |          |                     |         |
| 16              |          | 1  | _                   |          |                     |         |
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| 18              | 1        | •  |                     |          |                     |         |
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| 20              |          | 1  |                     |          |                     |         |
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| 22              |          | \  |                     |          |                     |         |
| 23              | 1        |  |                     |          |                     |         |
| 24              |          | ١  |                     |          |                     |         |
| 25              |          | 1  |                     |          |                     |         |
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| 27              | T        |  |                     |          |                     |         |
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| 46              |          |  |                     | i        | <u> </u>            |         |
| 47              |          |  |                     |          |                     | -       |
| 48              | <u> </u> |  | <b>†</b>            | <b>†</b> |                     | <i></i> |
| 49              | <b>-</b> | <del>                                     </del> | ļ                   |          |                     |         |
| 50              |          |  | -                   | <u> </u> | <b> </b>            |         |
| TOTAL           |          | <u> </u>   | <b></b>             |          |                     | _       |
| IND.            |          |  | <u> </u>            | ]        | <u> </u>            |         |
| TOTAL<br>DEP.   | 29       |  |                     |          |                     |         |
| TOTAL<br>CLAIMS | 36       | 2  |                     | -        |                     | T       |

| 3               | <del>-</del> :                                   |              |  |  | *  |                  |
|-----------------|--|--------------|--|--|--|------------------|
|                 | *  |              | À  |  | <u> </u>   |                  |
|                 | IND.   | DEP.         | IND.   | DEP.   | IND.   | DEP.             |
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| 63<br>64        |  | -            | -  |  |  |                  |
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| 82              |  |              |  |  |  |                  |
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| 86              |  |              |  |  |  |                  |
| 87              | -  |              |  | <u> </u>   |  |                  |
| 88<br>89        |  | <u> </u>     |  | <u> </u>   |  |                  |
| 90              | <u> </u>   |              |  | -  |  |                  |
| 91              | <del>                                     </del> | <del> </del> |  | <del> </del>                                     |  |                  |
| 92              | <del> </del>                                     |              |  | <del> </del>                                     |  |                  |
| 93              | <del> </del>                                     | <del> </del> |  | <b> </b>   |  | <b></b>          |
| 94              | <del>                                     </del> |              |  |  |  | <b> </b>         |
| 95              | <del>                                     </del> |              | <del>                                     </del> | <del>                                     </del> | <b>—</b>   | <u> </u>         |
| 96              | <b></b>  | i -          |  |  |  | _                |
| 97              | <u> </u>   |              |  | 1  | <u> </u>   |                  |
| 98              |  |              |  |  |  |                  |
| 99              |  |              |  |  |  |                  |
| 100             |  |              |  |  |  |                  |
| TOTAL IND.      | <u> </u>   |              |  |  |  |                  |
| TOTAL           | $\vdash$   |              | <b></b>  |  | <del>                                     </del> | •••              |
| DEP.            | <b>ļ</b>   | 1            | <del>                                     </del> | 1  |  | 1 . Table 11 . T |
| TOTAL<br>CLAIMS | L  | L            | L  |  | l  | يرسيا            |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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